PTO/SB/17 (10-08)

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete II Known | | | | |
|-------------------------------------------------------------------------|-----------------|---------------------------------|-----------------------|-----------------------------------|-------------------|------------------------|--------------------|--|
| | | | | ation Number | 10/587,04 | 4 (| Conf. No.: 9073 | |
| FEE TRANSMITTAL | | | | Filing Date | | July 24, 2006 | | |
| For FY 2009 | | | First N | amed Inventor | Toshimitsu SATO | | | |
| | | | | ner Name | M. D. Fearer | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | t | 2443 | | | |
| TOTAL AMOUNT OF PA | YMENT (\$ | 6) 180.00 | Attorne | y Docket No. | 1190-0631 | IPUS1 | | |
| METHOD OF PAYME | NT (check a | ll that apply) | | | | | | |
| Check Credi | t Card | Money Order | None | Other (please is | lentify): | | | |
| Deposit Account | Deposit Accou | nt Number: 02-2448 | | Deposit Account N | lame: | | | |
| For the above-ider | ntified deposit | account, the Director | is hereby auth | orized to: (chec | k all that ap | ply) | | |
| ✓ Charge feel | s) indicated b | elow | | Charge feels |) indicated i | helow excent | for the filing fee | |
| Charge any | additional fe | e(s) or underpayments | of fee(s) | | • | | re, the ming lee | |
| WARNING: Information on ti | FR 1.16 and 1 | 1.17 ecome public. Credit ca | | Credit any or should not be in | | | credit card | |
| FEE CALCULATION | 11011110-203 | ·· | | | | | | |
| 1. BASIC FILING, SEA | RCH. AND | EXAMINATION FE | ES | | | | | |
| FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) F | ee (\$) Fee | | Small (\$) Fee | | Fees Paid (\$) | |
| Utility | 330 | | 540 270 | | | | | |
| Design | 220 | | 100 50 | | | - | | |
| Plant | 220 | | 330 16: | | - , | | | |
| Reissue | 330 | | 540 270 | | | - | | |
| Provisional | 220 | 110 | 0 (| | | 0 - | | |
| 2. EXCESS CLAIM FE | | 110 | , | , | • | - | ill Entity | |
| Fee Description | | | | | E | ee (\$) F | ee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | 52 | 26 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 110 | |
| Multiple dependent | | | | | | | 195 | |
| Total Claims - 20 or HP = | Extra Clai | | Fee Paid (\$) 0.00 | | | Itiple Depend | | |
| HP = highest number of tot | | x = | 0.00 | | | ee (\$) | Fee Pald (\$) | |
| Indep. Claims | Extra Clair | | Fee Paid (\$) | | | | | |
| 3 or HP = | 0 | x= | 0.00 | | | | | |
| HP = highest number of ind 3. APPLICATION SIZE | | s paid for, if greater than : | 3. | | | | | |
| If the specification an | d drawings | exceed 100 sheets o | f paper (excl | uding electron | nically file | d sequence o | r computer | |
| sheets or fraction t | thereof. See | 35 U.S.C. 41(a)(1) | (G) and 37 (| FR 1.16(s). | a small cit | iny) for each | additional 30 | |
| Total Sheets | Extra She | ets Number of | f each addition | nai 50 or fracti | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | 0 | / 50 =0 | (round | up to a whole n | umber) x | | =0.00 | |
| OTHER FEE(S) Non-English Specif | ication, \$ | 130 fee (no small en | tity discount |) | | | Fees Paid (\$) | |
| Other (e.g., late filir | ng surcharge | e): Information Disclos | ure Statemen | Fee | | | 180.00 | |
| UBMITTED BY | , _ | 1 | | | | | | |
| gnature CCC May 58 75 Registration No. 48917 | | | | | | Telephone 703-205-8000 | | |
| lame (Print/Type) Chad J. I | Billings | · | | | | Date May 17. | 2010 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USFT to process) an application. Confidentially is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take \$0 minutes to complete, concluding gathering, preparating, and submitting the completed application from to the USFT. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestors for reducing this busden, should be sent to the Chief information officer, U.S. Peterni and Finediense (Cine), S. Bepartnerse (Commerce, P. De 86 Ms, Alexandria A. A. 2213 H-480.) Volt SRND FEES OR COMPLETED FORMS TO THIS ADDRESS. SRND TO. Commissioner for Fatenia, F.O. Box 1409, Alexandria A. 2823 H-480.

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